## DELINEATION OF PRIVILEGES - RADIOLOGY/NUCLEAR MEDICINE

For use of this form, see AR 40-68; the proponent agency is OTSG (DA Form 5440A-R Must be Completed and Attached to this Form)

| REQUESTED BY | DATE |
|--------------|------|
|              |      |

| PRIVILEGES   | RECOMM                         | IENDATIONS BY                        | DEPT./SVS. (                        | CHIEF        |
|--|--------------------------------|--------------------------------------|-------------------------------------|--------------|
| Assignment of clinical privileges must be based on education, clinical training, demonstrated skills, and capacity to manager procedurally related complications.  | APPRD<br>WITHOUT<br>LIMITATION | APPRD<br>REQUIRES<br>QUAL.<br>SUPRV. | APPRD<br>WITH<br>MODIFI-<br>CATIONS | NOT<br>APPRI |
| vileges Requested (Check)  |                                |                                      |                                     |              |
| a. Radiology   |                                |                                      |                                     |              |
| b. Diagnostic radiology (Not qualified to treat diseased with ionizing radiation)  |                                |                                      |                                     |              |
| c. Diagnostic radiology with special competence in nuclear radiology   |                                |                                      |                                     |              |
| d. Therapeutic radiology (Not qualified to carry out complicated diagnostic radiologic procedures)   |                                |                                      |                                     |              |
| e. Nuclear medicine  |                                |                                      |                                     |              |
| Category I. Includes: (1) Practitioners who have completed a minimum of three years of radiology training in an accredited program, not necessarily board certified; and (2) practitioners, even if board certified, who have not received training in a subspecialty area. Under this category the practitioner may practice in an area of subspecialty, but must obtain consultation unless doing so would endanger the survival or well-being of the patient.   |                                |                                      |                                     |              |
| Category II. Includes practitioners who are board certified by the American Board of Radiology or its equivalent or in special instances when they are board eligible. Category II practitioners have not received fellowship training in a subspecialty area such as neuroradiology, but have received limited training during residency. Practitioners who once qualified in Category III, but are no longer clinically active in a particular subspecialty field, will receive Category II privileges. Under this category, practitioners may initiate performance and/or interpretation of subspecialty procedures but must request when the diagnosis is in doubt or if the examination is not successful.  |                                |                                      |                                     |              |
| Category III. Includes practitioners who have specialty board certification granted by the American Board of Radiology or its equivalent and who practice in a subspecialty area that requires completion of a one-year on-the-job training under the supervision of someone qualified in that subspecialty field. Members in this category may perform procedures and interpret them on a full-time basis without   |                                |                                      |                                     |              |
| ubspecialty Areas  |                                |                                      |                                     |              |
| a. Arteriography (Angiography)   |                                |                                      |                                     |              |
|  |                                |                                      |                                     |              |
| b. Ultrasonography to include percutaneous needle biopsies of abdominal organs and cyst punctures  |                                |                                      |                                     |              |
| The second secon |                                |                                      |                                     |              |
| and cyst punctures   |                                |                                      |                                     |              |
| and cyst punctures  c. Neuroradiology  |                                |                                      |                                     |              |
| and cyst punctures  c. Neuroradiology  d. Interventional radiology   |                                |                                      |                                     |              |
| and cyst punctures  c. Neuroradiology  d. Interventional radiology  e. Computerized tomography   |                                |                                      |                                     |              |
| and cyst punctures  c. Neuroradiology  d. Interventional radiology  e. Computerized tomography  f. Radioactive isotopes  |                                |                                      |                                     |              |
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| and cyst punctures  c. Neuroradiology  d. Interventional radiology  e. Computerized tomography  f. Radioactive isotopes  g. Other (Specify)  |                                |                                      |                                     |              |
| and cyst punctures  c. Neuroradiology  d. Interventional radiology  e. Computerized tomography  f. Radioactive isotopes  g. Other (Specify)  uclear Medicine (Approved by Radiation Control Committee)   |                                |                                      |                                     |              |
| and cyst punctures  c. Neuroradiology  d. Interventional radiology  e. Computerized tomography  f. Radioactive isotopes  g. Other (Specify)   uclear Medicine (Approved by Radiation Control Committee)  a. Diagnostic imaging   |                                |                                      |                                     |              |
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<sup>\*</sup> Licensed by a State or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico.